

ROCKY MOUNTAIN CARE - TOOELE  
140 EAST 200 SOUTH  
TOOELE UT 84074  
STATE'S REGION CODE: 001

PROVIDER #: 465089 FACILITY BEDS  
PHONE NUMBER: (435) 882-3760 TOTAL: 84  
PARTICIPATION DATE: 01/01/1982 CERTIFIED: 84 TYPE OWNERSHIP: NONPROFIT - CORPORATION

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 10/22/2003

TOTAL: 49  
MEDICARE: 0  
MEDICAID: 38  
OTHER: 11

LTC ADMISSION/SUSPENSION DATES

ADMISSION SUSPENDED:  
SUSPENSION RESCINDED:

TOTAL CERTIFIED BEDS: 84

18 18/19 19 ICF/MR  
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84

CURRENT SURVEY REVISIT DATES - 12/18/2003

PRIOR 3 SURVEY	S/S CODE	PRIOR 2 SURVEY	S/S CODE	PRIOR 1 SURVEY	S/S CODE	CURRENT SURVEY	S/S CODE	PLAN/DATE OF CORRECT	PROGRAM REQUIREMENTS
08/2000		11/2001		09/2002		10/22/2003			
		X	E			X C	E	12/13/2003	REQ F0225-NOT EMPLOY PERSONS GUILTY OF ABUSE
		X	D						REQ F0241-DIGNITY
X	D								REQ F0274-ASSESSMENT AFTER A SIGNIFICANT CHANGE
						X C	D	12/13/2003	REQ F0279-DEVELOP COMPREHENSIVE CARE PLANS
X	D								REQ F0281-SERVICES PROVIDED MEET PROFESSIONAL STANDARDS
X	G								REQ F0309-PROVIDE NECESS CARE FOR HIGHEST PRAC WELL BEING
		X	G						REQ F0314-PROPER TREATMENT TO PREVENT/HEAL PRESSURE SORES
						X C	D	12/13/2003	REQ F0323-FACILITY IS FREE OF ACCIDENT HAZARDS
X	D								REQ F0324-SUPERVISION/DEVICES TO PREVENT ACCIDENTS
		X	E	X	E				REQ F0333-RESIDENTS FREE FROM SIGNIFICANT MED ERRORS
		X	E	X	E				REQ F0363-MENUS MEET NUTRIT NEEDS/PREP IN ADVANCE/FOLLOWED
						X P	B	12/13/2003	REQ F0367-THERAPEUTIC DIET PRESCRIBED BY PHYSICIAN
X	D			X	B				REQ F0371-STORE/PREPARE/DISTRIB FOOD UNDER SANITARY CONDS
		X	E						REQ F0386-PHYSICIAN RESPONSIBILITIES DURING VISITS
				X	D				REQ F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
				X	D	X C	D	12/13/2003	REQ F0426-FACILITY PROVIDES PHARMACEUTICAL SERVICES
						X C	D	12/13/2003	REQ F0465-ENVIRONMENT IS SAFE/FUNCTIONAL/SANITARY/COMFORTAB
									REQ F0495-COMPETENCY OF NURSE AIDES WHO WORKED LESS THAN 4
									REQ F0496-NURSE AIDE REGISTRY VERIF/MULTISTATE REG VERIF
									REQ F0505-PHYSICIAN PROMPTLY NOTIFIED OF LAB RESULTS

EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 2000 EXIS

PRIOR 3 PRIOR 2 PRIOR 1 CURRENT PLAN/DATE  
SURVEY SURVEY SURVEY SURVEY OF CORRECTION  
07/2000 11/2001 09/2002 10/20/2003

LSC DEFICIENCIES - BLDG NO. 01

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSSES X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT

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PROVIDER #: 465089

## EDITION OF LSC APPLIED

85 EXIST 85 EXIST 85 EXIST 2000 EXIS

PRIOR 3 SURVEY	PRIOR 2 SURVEY	PRIOR 1 SURVEY	CURRENT SURVEY	PLAN/DATE OF CORRECTION
07/2000	11/2001	09/2002	10/20/2003	

			X C	11/05/2003
			X C	12/05/2003
X	X	X	X C	10/21/2003
X			X N	
	X	X		
		X		
		X		
			X N	
			X C	11/15/2003
X	X			
	X			
X				
	X			
			X C	10/24/2003
			X P	10/27/2003
		X		
		X		
X	X	X		

## LSC DEFICIENCIES - BLDG NO. 01

K0011-COMMON WALL  
 K0012-CONSTRUCTION TYPE  
 K0018-CORRIDOR DOORS  
 K0025-SMOKE PARTITION CONSTRUCTION  
 K0046-EMERGENCY LIGHTING  
 K0050-FIRE DRILLS  
 K0052-TESTING OF FIRE ALARM  
 K0054-SMOKE DETECTOR MAINTENANCE  
 K0056-AUTOMATIC SPRINKLER SYSTEM  
 K0060-SPRINKLER ALARM SYSTEM  
 K0062-SPRINKLER SYSTEM MAINTENANCE  
 K0064-PORTABLE FIRE EXTINGUISHERS  
 K0069-COOKING EQUIPMENT  
 K0072-FURNISHING AND DECORATIONS  
 K0074-COMBUSTIBLE CURTAINS  
 K0075-WASTEBASKETS  
 K0076-MEDICAL GAS SYSTEM  
 K0130-OTHER

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 COP = CONDITION    REQ = REQUIREMENT

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TYPE OF DEFICIENCY -----	CURRENT SURVEY -----	PRIOR 1 SURVEY -----	PRIOR 2 SURVEY -----	PRIOR 3 SURVEY -----
CONDITION	0	0	0	0
REQUIREMENT	6	6	6	5
HEALTH TOTAL	6	6	6	5
LIFE SAFETY CODE	8	8	7	5
LIFE SAFETY CODE + HEALTH	14	14	13	10

COMPLAINT SURVEY INFORMATION

SURVEY DATE -----	STATUS -----
08/27/2002	UNSUBSTANTIATED
01/09/2003	UNSUBSTANTIATED
10/22/2003	UNSUBSTANTIATED
12/24/2003	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY